

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.  
Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31.

583  
Lobbyist's Registration Number

## Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 3401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

## FOR OFFICE USE ONLY

Postmark Date: 1/20/98

REG

✓ 1/19/98  
HOC  
com  
1980296

1. NAME McManus Stephen  
Last First MI

2. BUSINESS PHONE (404) 586-9317  
Area Code and Phone Number

3. BUSINESS ADDRESS 285 Peachtree Center Ave.  
Suite 770 Atlanta GA.  
Street and No. City State Zip

4. EMPLOYER State Farm Insurance Companies

5. EMPLOYER'S ADDRESS 285 Peachtree Center Ave. Suite 770 Atlanta GA 30303  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name State Farm Insurance Companies  
Address 285 Peachtree Center Ave. Suite 770 Atlanta, GA 30303  
Business or purpose Property and Casualty, Life and Health Insurance  
Does this person pay you? YES  
If No, who pays you? \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

HAND DELIVERED


# LOBBYING REGISTRATION FORM

53  
Lobbyist's Registration Number

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
5. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

State of Georgia  
Parish of \_\_\_\_\_

Before me, the undersigned authority, personally came and appeared Stephen McManus, who, after being duly sworn, did declare and acknowledge to me that the above statements are true and correct.

  
Sharon K. Cunningham, Notary Public  
Commission Expires Oct. 18, 1998

Stephen McManus  
Signature of Lobbyist

Sworn to and subscribed before me on this 22<sup>nd</sup> day of

January, 1998

Sharon K. Cunningham  
Notary Public

Rev. 8/97

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE  
FOR  
INITIAL  
REGISTRATION  
ONLY

